



COMMONWEALTH OF VIRGINIA
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
RICHMOND

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NLM

Dec. 1913.

Local Registrars,
Virginia.

Gentlemen:-

We approach now our second year's ending, since we began work, June 14, 1912.

With what unusual success, you will find related in the Annual Report, the Nov. 1913 Bulletin, and in the fact that we have been accepted by the U. S. Bureau of the Census as a registration state for deaths, for the first full year, 1913.

For this happy result, we thank the 95 out of every 100 of our Local Registrars who have entered into this work with the zeal of men who know no such word as fail.

We hope the other 5% will either catch the same spirit for 1914, or by resigning, make way for helpers, who will really aid in our determination to make Virginia the Model Registration State of the South.

The U. S. Census Bureau will soon accept Birth Registration also for states that are efficient. Shall Virginia enter with the first? If you say yes, then go after the 60,000 births that will occur in 1914, instead of the 50,000 which we got the first year. That means for every man to get one-fifth more than before.

If necessary, make miserable the life of the lazy midwife, and the "Don't Care" Doctor. Watch for the one out of ten death certificates lost, because people buy coffins and have no undertaker.

TAKE HEED TO THE FOLLOWING.

1. Do your best to get every omitted death and birth since June 14, 1912, in your December report, Jan. 10th. but keep after them later if they escape you. See that the Overseer of the Poor does not fail to report pauper deaths and births, and that all convict deaths are reported.
2. Then by Jan. 15th file your 1913 books with the County Clerk, send us his receipt, and get your pay.
3. Do not copy a Jan. 1914 certificate in your 1913 books. We will not let it pass. You will get no pay for it in either year.
4. We want the CORRECT NAME and ADDRESS of every midwife and coffin dealer, or maker, not already sent us.
5. We want corrections to the Doctors' list, whenever changes require it.
6. Before filing your books with the clerk, remove all unused blanks for regular use, by lifting the ends of the staple fastenings from the back, when the blanks will come off without tearing. You can also secure blanks from last year's books, now with the clerk.
7. When you mail the clerk's receipt, or preferably sooner, ask on the enclosed requisition blank, Form 38, for books and supplies as needed, stating exactly what is on hand. You will receive no blanks, books or envelopes for 1914 till this is done.

Wishing you a Merry Christmas and Happy New Year, I am in the work with you to win.

Most sincerely yours,
W. A. Flecker, M. D.
Asst. State Registrar

The legitimate field and possibilities of preventive medicine, ^{Results} seem almost limitless. As one portion is cultivated and beneficial ~~XXXXXX~~ ⁿ begin to be apparent, other associated, or new branches begin to open up and clamor for attention.

The duties in connection with the administration of the Virginia Bureau of Vital Statistics, have impressed upon me the greatness of the task which county, city, state and national departments of health have before them.

We cannot study the baneful effects of alcoholism, venereal disease and gastronomic excesses, without realizing that the teaching of moral and self-control is distinctively a function of the health department.

We could do no better in our attempts to impress the individual responsibility of every one to observe strictly the principles of quarantine in infectious and contagious diseases, than to teach them the truth and the very words of the Westminster divines, who ^{Clearly the scriptural teaching} sum up so ~~clearly teaching~~ that the sixth commandment " requires all lawful endeavors to preserve our own life and the lives of others".

To those who are not familiar with the possibilities of a careful ^{subject.} study of vital statistics, it seems a dry and uninteresting ~~XXXXXX~~

Those who know that it is the bed-rock foundation upon which all preventive medicine is based, see in it the opportunity for making first-hand investigation of the greatest value.

While the statistics secured during the first year's operation of the Virginia law, are too incomplete to draw fine and accurate conclusions, yet many valuable lessons may be learned from them by patient investigation. These we hope to develop, point by point in the future, as our time and means permit.

One condition alone, I wish to consider briefly at this time, both from its importance, and from the fact that it is one of the most apparent of the many problems which face the Department of Health, the medical profession, and the state.

It is that nearly or quite one-half of the child-births in Virginia are attended by midwives.

The serious phase of the question is, that these women, usually negroes are the most ignorant and dirty to be found.

Up to 25 or 30 years ago when antiseptic, and later aseptic methods, became general amongst the medical profession, this situation might have been tolerated. Not only that, but under certain conditions, it might have been encouraged.

This is made clearer by reference to the great discovery made by Semmelweis in the Vienna Lying in Hospital, in 1847.

There he found that while the mortality from puerperal septicemia was excessive in the practice of physicians and students, who went directly from the dissecting room, and from handling septic patients to the lying-in wards, where vaginal examinations were freely made with uncleansed hands; the patients in the care of midwives who made no examinations, fared far better.

You are all familiar with the great improvement he wrought, by simply requiring the hands of examiners to be washed in a solution of chloride of lime.

The midwives did not know, and knew that they did not know.

The physicians did not know, and did not know that they did not know. Today the physician knows, and knows that he knows. The midwife still does not know, but believes that she knows.

The presumption of these ignorant creatures is simply appalling. Without the slightest idea as to the cause or prevention of septic fever, they freely thrust into the vagina of their patient, their fingers

unwashed and with their nail-tips of the color suggestive of mourning.

The sad feature of the case is, that that suggestion of mourning, proves too often the actual cause for it, in that unsuspecting household.

If the patient escapes septic infection, she is liable to be left a cripple, with undiscovered and ~~unrepaired~~ unrepaired tears.

Many of them have discovered that ergot is carried by physicians in their obstetrical bags, and used under certain conditions.

They too procure ergot, and with a show of doing something to help the labor along, give it in large doses during labor.

You know the serious results likely to follow to the mother, and the fatal results to the child.

They stand aghast in the presence of hemorrhage or puerperal eclampsia, which with proper management before and during labor, perhaps would not have occurred.

Faulty positions are not recognized, and a physician summoned, till the patient is moribund.

Without the slightest idea of what is possible or what is impossible I have known of one of them in her frantic attempts to deliver a transverse child, actually tear its arm off. Of course a double funeral followed.

A study as county registrar, when the question was asked as to presentation, revealed the fact that midwives lose twice as many infants in breech presentations, as physicians, because they do not know that raising the body of the child will hasten the delivery of the after-coming head and prevent the asphyxiation resulting from delay.

If the child does not seem to breathe, it is wrapped in an old skirt and laid aside with ^{the} exclamation "dead", without the slightest attempt at resuscitation.

If the mother and child pass the critical period of actual labor,

other dangers await them.

Dirty rags are thrust under and around the mother, inviting later infection.

Abraded nipples receive no attention, till breast abscess is the result.

A distended bladder remains unrelieved.

Dirty dressing of the umbilical cord leads up to the child's death from abscess or "fits".

A cursory examination of our certificates of death reveals a shocking maternal and infant mortality, from these causes.

The 109 deaths actually reported the first year from puerperal septicemia constitutes we believe but a small part of the reality.

Others are concealed under the expression "no doctor". You know that ~~that~~ We have not yet reached the point where all such cases receive investigation as they should.

We believe also that many other septic deaths are concealed under the uncertain terms, malaria, typhoid fever, pneumonia &c.

The actual mortality statistics take no account of the long weeks of sickness, and the later death of the child from lack of a mother's care, while she hovers between life and death.

It is needless to consume time by depicting more fully these scenes, only too familiar to all of you.

I hope to make a more complete study of this whole subject, if the data is sufficiently accurate to justify it, setting forth an actual comparison of the work of physician and midwife.

Practically all physicians make vaginal examinations, some midwives do not. Some physicians are clean, some are not.

Who knows therefore what the result will be? We simply seek truth.

We do not know how large a part of the medical profession is living up to the knowledge that we possess.

If however, actual investigation proves that we are correct in our surmises, ~~XXXX~~ and the midwife is shown beyond question to be a source of danger and death, then the state cannot refrain from stepping in and protecting her citizens.

The responsibility of proving the actual facts, rests upon the Bureau of Vital Statistics, of the Department of Health.

The secondary responsibility of proclaiming to the public the danger which may be prevented, likewise rests upon the Health Department.

I believe finally that if the situation is found to be a serious one, a remedy can be worked out.

To this end I am here to make an appeal to the medical profession to stand shoulder to shoulder ^{the} ~~XXXXXXXXXX~~ with Health Department, in its work, and especially to aid during the year 1914 in securing statistics of births and deaths, that will reach our office accurately, promptly, and completely.

I particularly appeal to you to report the causes of death accurately.

Do not deceive yourself and us into believing that a death from puerperal infection, is due to malaria, typhoid, or pneumonia.

If the death is the result of alcoholism, or venereal disease, let it show in the certificate, and do not state simply some end result.

Keep by you for ready reference, the excellent little "Physicians Pocket Reference" book, sent out to all physicians by the U.S. Bureau of the Census.

It is by complete ~~ARMONY~~ sympathy and harmony between the profession and the Health Department, that the highest results will be achieved, and the greatest good accomplished for both, for the state, and for the people.

The REMEDY proposed is to educate the public as to the danger from dirty and neglectful methods.

Teach them also that the laborer is worthy of his hire, and that they cannot expect skillful, pains-taking service for the ridiculously low fees that prevail in some localities in Virginia.

There are places where the regular obstetrical fee is \$5.00.

There will remain after all is accomplished that can be, still many, particularly of the colored people, who cannot secure a physician.

For these, the midwife will remain as a necessity.

Therefore she must be taught several fundamentals.

These are:

1. Never make a vaginal examination.
2. Never administer any drug except castor oil.
3. Call in a physician as soon as any thing unusual is discovered.
4. Aid in the quick delivery of the after-coming head, by raising the body of the child by the feet.
5. Before handling the patient, cleanse the hands with soap and warm water, using preferably an antiseptic soap, and use more cleanly methods with the patient and surroundings.

In addition to the education of the midwives and the public, the physician himself must be inspired with an even greater sense of responsibility in promptly responding to calls for aid ^{and to} women in distress, regardless of financial reward. In other words to practice the law of love laid down by the great Teacher.

We believe that all of these things can best be brought about, by the department of Health, chiefly through bulletins, and other educational means available already.

we believe that this is legitimate health work, and that the Bureau of Vital Statistics is the source from which this labor should receive its initiative.

P. S.

Begin on Jan. 1st to number all certificates, starting with No.1 in registered number space. See Sec. 18 of the law.

We will be glad to have you send us names as indicated below.

Yours very truly,

W. A. Plecker, M. D.

Asst. State Reg.

State Board of Health:-

The following persons, both white and colored, it is believed will read and appreciate the Monthly Bulletins of the Virginia Health Department, if placed on the mailing list:-

<u>CORRECT NAME.</u>	<u>POST OFFICE.</u>	<u>COUNTY.</u>	<u>OCCUPATION</u>	<u>COLOR.</u>
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